



Research Article

SOCIAL DETERMINANTS OF HEALTH ASSOCIATED TO PREGNANCY IN ADOLESCENTS OF SECONDARY, HIGH SCHOOL, AND HEALTH CENTER OF TIERRA COLORADA, MUNICIPALITY OF JUAN R. ESCUDERO

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ABSTRACT

Adolescent pregnancy is a problem that increases worldwide and represents a great risk for adolescents, both in health and in their environment and future due to the consequences that this trigger since it not only affects the adolescent but also the family. **Objective:** To identify the association between the structural and social intermediate determinants of health and pregnancy in adolescents. **Methodology:** A quantitative study, an observational, analytical, association, cross-sectional comparative design was carried out in 229 adolescents of which 32 are pregnant and 197 are not, aged 12 to 17 years. The data were obtained from a survey and univariate and bivariate analysis was performed. **Results:** the average age is 17 years old, attending high school and upper secondary level, 10.9% have stopped studying mainly due to pregnancy and secondly due to economic problems, 39.3% have a relative who had a pregnancy before the age of 17 and most of them answered that it was the mother who had the pregnancy. The main reason adolescent girls have sex is for love, with the boyfriend being her first sexual partner. The adolescents say they have a relationship based on love and affection with their parents, grandparents and partner. According to the information given to them on family planning, 70.7% argue that it is the parents who give them the information and under the beliefs that they have. **Conclusions:** The main cause of a pregnancy at an early age is due to not receiving adequate information and the one they receive is based on the cultural beliefs of the parents and growth patterns. The information given to them on family planning methods is considered very deficient, because it is not provided by health personnel.

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INTRODUCTION

The lack of orientation, communication, social pressure and the condition in which adolescent girls live often leads to the early onset of sexuality, carrying it out with a wrong and misinformed perception that is in turn conducive to an early pregnancy, thus having an impact on the lives of adolescents by rethinking a new life project in an unexpected way.

Among the countries of the Organization for Economic Cooperation and Development (OECD), Mexico leads the list with the highest rate of pregnancies, with 64 per thousand adolescents.

The Inter-American Development Bank (IDB) places Mexico in the first places of adolescent pregnancies between 15 and 19 years of age, when compared with nations of the same level of development, above those that occurred in Chile, Costa Rica, Uruguay and Peru.

In Mexico, the National Institute of Statistics and Geography (INEGI, 2015). It reports that the number of women aged 12 and over is 48.7 million, and of them, 67.4% have had at least one child born alive, according to the age of the woman, the fact that 7.8% of adolescents aged 12 to 19 years old are already mothers and 85.2% have a child. Guerrero is one of the entities with resources to attend to sexual and reproductive health, despite this, it ranked second nationally in the number of unwanted pregnancies in adolescents, it is a serious problem

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in the state, as 17% of the 750 thousand adolescents leave school at the age of 18 due to a pregnancy. According to information from the National Population Council (Conapo), 750,000 adolescents reside in Guerrero, representing 21% of the population and based on data from the INEGI-2015 survey, 11,972 births were registered that year. teenage mothers.

80% of pregnant adolescents belong to a disadvantaged socioeconomic background, to a disintegrated, large, single-parent family, affected by unemployment. The mothers of 76% of these adolescents were also adolescent mothers. Although teenage pregnancy tends to decline over time, it remains a medical and psychosocial concern.

The reproduction of the same scheme from one generation to another raises the problem of prevention, far from being perfect. This is a real public health problem that will not be easy to solve. In adolescent girls, pregnancy is a highly particular situation that poses multiple problems of a medical nature, such as an increase in the rate of abortions, late detection of pregnancy with poor or no follow-up, preterm delivery and high perinatal mortality, as well as problems of a social nature: family rejection, school interruption, drug use and newborn abandonment.

Pregnancy in adolescents represents a public health problem because the greater number of cases in the population has been related more to rural than urban sectors, the highest percentage is made up of young people both nationally and globally. Teenage pregnancy and motherhood are more frequent events than society would like to accept; they are difficult experiences that affect the integral health of both adolescent parents and their children, family members and society.

METHODOLOGY

The type of study was quantitative, observational, analytical, of association, cross-sectional and comparative, it was carried out in the month of May 2018, in female students of the morning and afternoon shift of Technical Secondary School N°10, Preparatory N°12 and Health Center belonging to the municipality of Juan R. Escudero in the state of Guerrero in the period from January to June.

The population consisted of 252 adolescents from Technical Secondary School N° 10, 318 adolescents from High School N° 12 and 30 pregnant adolescents who carry out their prenatal control at the Tierra Colorada Health Center. (secondary), 3 and 4 (preparatory) and 5 (Health Center). The objective was to identify the association between the structural and social intermediate determinants of health and pregnancy in adolescents.

The sample was a total of 229 pregnant and non-pregnant women between the ages of 12 and 17, 105 are students from Technical High School N°10, 94 from High School N°12, of which 2 are pregnant and 30 are pregnant adolescents from health center.

Adolescents from 12 to 17 years old, pregnant and non-pregnant, who agreed to participate voluntarily, were included, the dependent variable was social determinants in pregnancy. The instrument has 128 questions, they were divided into sections so that the adolescents can answer easily.

The analysis plan was carried out through tables, graphs and numerical measures such as percentage and frequencies, for the bivariate chi-square analysis to see if there was an

association for sociodemographic, ethnic and educational factors with pregnancy; logistic regression was used to determine the associated risk factors.

RESULTS

Table N° 1 Age

The age with the highest prevalence in adolescents was 17 years, 43.8% of them are pregnant and 25.4% are not.

Age in completed years			
Pregnants		Not Pregnants	
Age	F (%)	Age	F (%)
13	1 (3.1)	12	18 (9.1)
14	2 (6.3)	13	34 (17.3)
15	1 (3.1)	14	35 (17.8)
16	14 (43.8)	15	39 (19.8)
17	14 (43.8)	16	21 (10.7)
Total	32 (100.0)	17	50 (25.4)
		Total	197 (100.0)

Source: Survey applied to adolescents from Secondary, High School and Health Center in Tierra Colorada. May 2018.

Table N° 2 Pregnancy - Sociodemographic Data

The results show the relationship between adolescent pregnancy and sociodemographic factors and it can be observed that the factors that are significant at a level of 5% ($\alpha = 0.05$) for an association are age (sig. = 0.000), marital status (sig. = 0.000), type of family (sig. = 0.000), current education (sig. = 0.000), the one who has stopped studying (sig. = 0.000), reason why he stopped studying (sig. = 0.035) and current job (sig. = 0.000).

Factor	Chi2 / X2	Significance asymptotic
1. Age in completed years	36.612	.000
2. What type of religion do you profess?	2.011	.570
3. Type of population where you live	Data is a constant	
4. Civil status	135.377	.000
5. Family type	52.419	.000
6. Level of education being attended at present	107.545	.000
7. Degree of studies	3.055	.217
8. Have you stopped studying?	78.605	.000
9. The main reason why stopped study	8.586	.035
10. What is your main job at present?	39.019	.000

Source: Survey applied to adolescents from Secondary, High School and Health Center in Tierra Colorada. May 2018.

Table N°3. Pregnancy- Ethnicity

The results are shown when applying the Chi-square test to investigate the association between adolescent pregnancy with the Ethnicity factors and it can be observed that there is no relationship between the variables at a significance level of 5%.

Factor	Chi2 / X2	Significance
1. Speak an indigenous language	4.395	.095
2. Some woman in this family had a pregnancy before age 17	.051	.492
3. If you have answered affirmatively, which member of The family got pregnant?	6.524	.163

Source: Survey applied to adolescents from Secondary, High School and Health Center in Tierra Colorada. May 2018.

Table N° 4 Pregnancy- Education

It shows the results when applying the Chi-square test between adolescent pregnancy with some education factors and we observe that the variables that are related to adolescent pregnancy are: concentration problems (sig. = 0.005), missing school (sig. = 0.000), thinking about dropping out (sig. = 0.000), refusal at school (sig. = 0.012) and drug or alcohol interference in their homework (sig. = 0.030) all at a significance level of the 5% ($\alpha = .05$).

Factor	Chi2 / X2	Significance
1. Have you had concentration problems when studying?	13.024	.005
2. Have you missed school more than two days a month?	18.378	.000
3. Have you thought about abandoning your studies?	53.431	.000
4. Have you often been late to School?	3.476	.324
5. Have you felt rejected in the school?	10.943	.012
6. Has the consumption of alcohol or drugs interfered in the performance of your tasks?	8.970	.030
7. Have you been suspended from school?	2.355	.502

Source: Survey applied to adolescents from Secondary, High School and Health Center in Tierra Colorada. May 2018.

Table N° 5 Biological and Behavioral Determinants

To identify the association between the behavioral, biological, psychological, social determinants and pregnancy in adolescents, the results of the Chi-square test, there is only a relationship with age at a significance level of 5%.

Factor	Chi2/X2	Asymptotic significance
Age	36.612	.000
Startmenarche	2.444	.485
Sexual violence	3.704	.125
Reason for sexual intercourse	4.530	.476

Source: Survey applied to adolescents from Secondary, High School and Health Center in Tierra Colorada. May 2018.

Table N° 6 Psychological Determinants

Logistic regression was applied to determine the risk factors associated with adolescent pregnancy, some psychological determinants are shown as well as the covariates that were included in the logistic regression model, and it can be seen that the fact that they have a favorable attitude towards pregnancy motherhood increases the risk of becoming pregnant in adolescence by 25 times, just as having an aspiration to have children increases the risk of becoming pregnant in adolescence 2.5 times.

Covariates	Asymptotic significance	Exp B	Factor
Attitudes about maternity	.000	252.382	Risky
Aspiration for the next years	.000	2.511	Risky
Attitudes and beliefs towards methods contraceptives	.044	.001	-
	.000	.067	-

Source: Survey applied to adolescents from Secondary, High School and Health Center in Tierra Colorada. May 2018.

Table N° 7 Socioeconomic Determinants

The results when applying the logistic regression model between adolescent pregnancy with socioeconomic determinants can be observed that in this case the use of social

networks increases 7.8 times the risk of becoming pregnant in adolescence, the fact that parents do not supervising activities on social networks increases 12 times the risk of becoming pregnant in adolescence, the number of hours increases 4 times the risk of becoming pregnant in adolescence.

In terms of lifestyle, not concentrating on studies increases 3 times the risk of becoming pregnant in adolescence, and the consumption of alcohol and drugs increases 6 times the risk of becoming pregnant in adolescence.

Covariate	Asymptotic significance	Exp B	Factor	
Income economic	.000	1.083	Risky	
Social networks	The use of social networks influences the pregnancy of teenagers	.000	7.828	Risky
	My parents supervise the activities I do in the social networks	.000	12.384	Risky
	How many hours a day do you dedicate to social networks?	.020	4.273	Risky
	Have you had concentration problems when studying?	.005	3.153	Risky
Lifestyle	Have you thought about abandoning your studies?	.000	.001	-
	Have you felt rejected in the school?	.012	1.083	Risky
	Has the consumption of alcohol or drugs interfered in the performance of your tasks?	.030	6.156	-

Source: Survey applied to adolescents from Secondary, High School and Health Center in Tierra Colorada. May 2018.

Table N° 8 Cultural Determinants

When applying the logistic regression model with the cultural determinants, it can be observed that having a communication with the mother increases 3 times the risk of becoming pregnant in adolescence, compared to contraceptive methods, the use of some family planning method increases 1.9 times the risk of becoming pregnant in adolescence, as well as having sexual intercourse in adolescence increases 3 times the risk of becoming pregnant in adolescence.

Covariable	Asymptotic significance	Exp B	Factor	
Communication of feelings	Father	.010	.929	-
	Mother	.000	3.029	Risky
	Brothers	.029	.539	-
Method accessibility contraceptives	Use of family planning methods	.029	1.918	Risky
Exercise of the sexuality	Age of onset of Sexual Life	.002	3.040	Risky
	How many couples?	.036	.000	-

Source: Survey applied to adolescents from Secondary, High School and Health Center in Tierra Colorada. May 2018.

Table N° 9 Educational Determinant

The results obtained when applying the logistic regression model between adolescent pregnancy with the educational determinant with the covariates considered in said factor and it can be seen that both the degree of the pregnant woman and the school dropout increase 6 times the risk of becoming pregnant in adolescence.

Covariate	Asymptotic significance	Exp B	Factor	
Education	Degree of education of the pregnant	.000	6.156	Risky
	School dropout	.000	6.156	Risky

Source: Survey applied to adolescents from Secondary, High School and Health Center in Tierra Colorada. May 2018.

CONCLUSIONS

Most of the population in this research is between 16 and 17 years old, they are currently in secondary and high school, as opposed to pregnant adolescents who mostly have incomplete high school.

According to the determinants that cause pregnancy in Tierra Colorada, the main cause of pregnancy at an early age is due to not receiving adequate information and the one they receive is based on the cultural beliefs of the parents and growth patterns.

The population is considered semi-urban, within the environment of the adolescents they have all the basic services at home, most of the families are nuclear, most of the houses are made of concrete and have basic spaces, however, Regarding the economic stability of the adolescent family, most of them depend on their parents and these in turn depend on the countryside since most are peasants and the economic income is very low, thus giving a lacking living condition, promoting adolescent girls want to change their lives and think that living with their partner their economic situation will change.

Most profess the catholic religion, some adolescents responded that the use of contraceptives was considered a sin as well as having sex since they are of a different religion, which exposes them to having risky sexual acts and possible unwanted pregnancies. The information provided to them about family planning methods is deficient, because it is not provided by health personnel, however, some even use pregnancies to retain their partner.

Most adolescent girls say they have a good diet and regularly exercise 20 to 30 minutes a week, avoid going to parties, do not drink alcoholic beverages and much less drugs, identify when they are under stress and know who to turn to talk about what is happening to them, they are satisfied with the activities they currently carry out and most of them have gone to a health establishment for a medical check-up, the adolescents who continue studying do not plan to abandon their studies, since in the future they want to work to have an economy, marry and have children.

There is support from their parents, brothers and grandparents of the adolescents as they offer their love and affection regarding any problem that arises.

Most of the adolescents use social networks and comment that they learn about contraceptive methods, but they do not feel safe browsing this network, since the parents do not supervise what they do either, and that some of them have had romantic relationships with some individual they meet through these networks.

Almost all adolescents have popular insurance and this in the "prospera program", in which they can resort when they have a health problem, have not used counseling or guidance in sexual and reproductive health in the last 12 months due to lack of time and when they come to present a problem or doubt about their planning or sexuality their parents have advised them and not the health sector, this is an important determinant since they do not receive the necessary information and are carried away by some beliefs or taboos.

Finally, we observe that most adolescents who are pregnant do not feel feelings of guilt or feel that it will be a burden for

them, much less that it ruined their life, they only show a little fear since they do not know 100% how to take care of their baby, but they will do their best to give them a proper life.

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